# State of Maine Procurement Justification Form

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services website (Forms page) for additional instructions.

| PART I: OVERVIEW  |   |               |  |                         |                                   |                             |            |  |  |  |
|---|---|---------------|--|-------------------------|-----------------------------------|-----------------------------|------------|--|--|--|
| Department Office/Division/Program:                     |   |               |  | Department of Education |                                   |                             |            |  |  |  |
| Department Contract Administrator or Grant Coordinator: |   |               | Jonathan Shapiro, Director, Maine School Safety Center                   |                         |                                   |                             |            |  |  |  |
| (If applicable) Department Reference #:                 |   |               |  |                         |                                   |                             |            |  |  |  |
| Amount: (Contract/Amendment/Grant)                      |   | \$ 146,850.00 | Advantage C  |                         | Γ / RQS #s:                       | / RQS #s: 05A 20200929*1100 |            |  |  |  |
| CONTRACT  | Proposed Start Date:                    |               | 10/01/2020   |                         | Proposed End Date:                |                             | 09/30/2023 |  |  |  |
| AMENDMENT   | Original Start Date: Previous End Date: |               |  |                         | Effective Date: New End Date:     |                             |            |  |  |  |
| GRANT   | Project Start Date: Project End Date:   |               |  |                         | Grant Start Date: Grant End Date: |                             |            |  |  |  |
| Vendor/Provider/Grantee Name, City, State:              |   |               | Evolution Labs, Inc.   |                         |                                   |                             |            |  |  |  |
| Brief Description of Goods/Services/Grant:              |   |               | Suite360: Mental Health and Development program- free for Maine students |                         |                                   |                             |            |  |  |  |

| PART II: JUSTIFICATION FOR VENDOR SELECTION   |                                   |   |                                  |  |  |  |  |  |
|---|-----------------------------------|---|----------------------------------|--|--|--|--|--|
| Mark an "X" before the justification(s) that applies to this request. (Check all that apply.) |                                   |   |                                  |  |  |  |  |  |
|   | A. Competitive Process            |   | G. Grant                         |  |  |  |  |  |
|   | B. Amendment                      |   | H. State Statute/Agency Directed |  |  |  |  |  |
| X   | C. Single Source/Unique Vendor    |   | I. Federal Agency Directed       |  |  |  |  |  |
|   | D. Proprietary/Copyright/Patents  |   | J. Willing and Qualified         |  |  |  |  |  |
| X   | E. Emergency                      |   | K. Client Choice                 |  |  |  |  |  |
|   | F. University Cooperative Project | X | L. Other Authorization- Covid 19 |  |  |  |  |  |

#### **PART III: SUPPLEMENTAL INFORMATION**

#### Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

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#### **PART III: SUPPLEMENTAL INFORMATION**

| The purpose of this Contract is to obtain the content of Evolution Labs Suite360:Mental Health program for                  |
|---|
| Maine students. Suite360:Mental Health is a web and mobile program (available on any web-enabled device)                    |
| consisting of content relating to Social & Emotional Learning. The Suite 360: Mental Health program is built by             |
| professionals with 50+ years of experience in education, student/parent engagement, and staff/administrator                 |
| professional development. The expert-developed lessons are aligned with industry established best practices, are            |
| leveraged through an Equity lens and include hundreds of lessons (web-based modules consisting of content, videos           |
| and interactive quizzes) that are scaffolded by grade 6 <sup>th</sup> -12th. Other unique properties of the program include |
| reducing barriers for students through translating all lessons into any language and a "read-out-loud" button to            |
| access complete audio content (Pulse surveys and chat are also included). Evolution Labs is allowing MeDOE to               |
| custom name and brand the program, customize the full topic library with our state and local resources as well as being     |
| able to approve, edit or remove any content.  |

#### 2. Provide a brief justification for the selected vendor to supplement the response in Part II.

There are three justifications for sole source with this vendor:

- 1. This is the only vendor that will allow us to purchase and own the program ourselves.
- 2. This is the only vendor that will allow us to customize the product to brand it as a product of the Maine Department of Education.
- 3. This vendor is able to provide this product to us in an expedited fashion in order for us to offer this to Maine schools by the start of the school year. This is especially important due to the current Covid 19-related State of Emergency where our schools desperately need to provide Mental Health Support to their students.

### 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The full Suite360: Mental Health portfolio will be the property of the State of Maine versus paying for a limited time access. The cost is consistent with similar products but because we will own the programs after the contract ends, the state is getting a better deal that we would have gotten with any other company.

4. Describe the plan for future competition for the goods or services.

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### PART III: SUPPLEMENTAL INFORMATION

This is a one-time purchase, but if the Department looks for a similar service in the future we plan to use the competitive process as the situation allows

| PART IV: APPROVALS   |   |       |           |  |  |  |  |
|--|---|-------|-----------|--|--|--|--|
|  | By signing below, I signify that I approve of this procurement request. |       |           |  |  |  |  |
| Signature of requesting Department's Commissioner (or designee): | Pend-Makin  |       |           |  |  |  |  |
| Printed Name: Pender Makin                                       |   | Date: | 9/29/20   |  |  |  |  |
| Signature of DAFS<br>Procurement Official:                       | DocuSigned by:  Kathy Paquette  41C2BA36FAF44CD                         |       |           |  |  |  |  |
| Printed Name:  | Kathy Paquette  | Date: | 9/29/2020 |  |  |  |  |